

PART B - FEE(S) TRANSMITTAL

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7590 12/26/2006

David E. Bruhn
DORSEY & WHITNEY LLP
Intellectual Property Department
50 South Sixth Street, Suite 1500
Minneapolis, MN 55402-1498

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Sue Nienaber

(Depositor's name)

Sue Nienaber

(Signature)

March 8, 2007

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/659,655	09/10/2003	Barry M. Thompson	6956.07	3659

TITLE OF INVENTION: SMOKE EVACUATION SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0	\$1000	03/26/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
BOGART, MICHAEL G	3761	604-313000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternately,	1. Dorsey & Whitney LLP
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	2. _____
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rcv 03-02- or more recent) attached. Use of a Customer Number is required.	3. _____	3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Innovative Surgical Technologies, Inc. St. Louis Park, MN

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)
<input type="checkbox"/> Issue Fee	<input type="checkbox"/> A check is enclosed.
<input checked="" type="checkbox"/> Publication Fee (No small entity discount permitted)	<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.
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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).
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Authorized Signature

David E. Bruhn

Date

March 8, 2007

Typed or printed name

David E. Bruhn

Registration No. 36,762

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